

**Meeting of the
Board of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia**

December 11, 2007

DRAFT Minutes

Present:

Rose C. Chu
Terone B. Green
Monroe E. Harris, Jr., D.M.D.
Kay C. Horney
Manikoth G. Kurup, M.D. (Chair)
Robert D. Voogt, Ph.D.

By phone:

Phyllis L. Cothran (phone)

Absent:

Patsy Ann Hobson
Barbara H. Klear
David Sylvester
Michael Walker

DMAS Staff:

Cynthia B. Jones, Chief Deputy Director
Elizabeth McDonald, Legal Counsel
Cheryl Roberts, Deputy Director for Operations
Mary Mitchell, Manager, Managed Care Programs,
Health Care Services
Robert Knox, Transportation Contract Manager,
Health Care Services
Tom Lawson, Transportation Contract Monitor,
Health Care Services
Craig Markva, Manager, Office of Communications &
Legislative Affairs
Nancy Malczewski, Public Information Officer, Office of
Communications & Legislative Affairs
Mamie White, Public Relations Specialist, Office of
Communications & Legislative Affairs

Speakers:

Patrick W. Finnerty, Director
Tom Edicola, Director, Program Operations
Bryan Tomlinson, Director, Health Care Services
Scott Crawford, Deputy Director of Finance and Administration

Guests:

Michael Tweedy, Department of Planning and Budget
Richard Grossman, Vectre

Call to Order

Dr. Manikoth G. Kurup, Chairman of the Board, called the meeting to order at 10:12 a.m. after a quorum was met.

Dr. Kurup mentioned that the Financial Disclosure Statements and Conflict of Interest Training forms must be submitted by January 4, 2008. There was discussion about whether or not the conflict of interest training which must be completed every two years should be done. DMAS will notify the Board if the training is necessary.

Then, Dr. Kurup presented Mr. Terone Green with a letter and gift for his eight years of service on the Board which ends his term of service. Mr. Green gave brief remarks.

Dr. Kurup mentioned the proposed meeting dates for 2008: April 15, June 10, September 9 and December 9.

Approval of Minutes from September 11, 2007 Meeting

Dr. Kurup asked that the Board review and make a motion to approve the Minutes from the September 11, 2007 meeting. Dr. Voogt made the motion to accept the Minutes and Dr. Harris seconded. The vote was **6 yes (Chu, Green, Harris, Horney, Kurup, and Voogt); 0-no.**

Complaint Process in Program Operations and Health Care Services

Mr. Tom Edicola, Director of Program Operations, gave a detailed overview of the complaint process in the Division of Program Operations, the largest division in the agency. Program Operations is responsible for provider enrollment, recipient enrollment and eligibility, as well as payment processing, and deals primarily with fee for service. Mr. Edicola discussed the organizational background of the division, what is defined as a complaint, who submits complaints, how complaints are perceived, and response methods and guiding principles for addressing and resolving complaints. Overall, their goal is to deliver outstanding customer service to the clients that they serve.

Mr. Bryan Tomlinson, Director of Health Care Services Division, gave an overview of the organizational background of his division and the complaint and appeal process as it relates to the majority of clients, who are in dental, pharmacy, transportation and managed care programs. The Department of Medical Assistance Services (DMAS) has contracted with the managed care organizations to handle their complaints and appeals; however, if the provider or recipient has exhausted all avenues of appeals with the contractor, then they may appeal to DMAS directly. Mr. Tomlinson concluded with a discussion of how satisfaction surveys indicate that overall clients are generally pleased with the services they are receiving.

Mr. Finnerty briefly commented on correspondence and complaints that are received from the Governor's office, Secretary of Health and Human Resources, the congressional delegation, legislators, and from providers and recipients. In most cases, the correspondence is an appeal to a higher authority; however, most concerns have already been addressed in the previous agency response.

Medicaid Forecast

Mr. Scott Crawford, Deputy Director for Finance and Administration, explained the process for forecasting the proposed budget for FY 2009-FY 2010, as well as information about the status of the FY 2008 budget. The Department of Planning and Budget and DMAS have met and prepared an official "consensus" forecast as required by the *Code of Virginia*. He noted that over the last nine years, the official Medicaid forecast has usually been very accurate. Mr. Crawford

reviewed the current forecast for fiscal year (FY) 2008 through FY 2010 and discussed certain forecast drivers, specifically, the addition of substance abuse services on July 1, 2007; and the continued significant growth in mental health service costs.

Mr. Crawford also noted that Virginia's forecasted expenditure growth compares favorably to other states. The Kaiser Commission reported 7.8% average increase in Medicaid appropriation for all states from 2007 to 2008; Virginia's Medicaid increase was 7.1%. Compared to private insurance, Mercer's National Survey of Employer-Sponsored Health Plans reported 6.1% increase in cost in 2007; Virginia Medicaid cost increase in 2007 was 6.0%.

There was discussion by the Board about various aspects of the forecast.

Update on Tamper Resistant Prescription Pads and SCHIP Reauthorization

Mr. Finnerty gave a brief update on the mandate for tamper resistant prescription pads which had an effective date of October 1, 2007. The new date for prescriptions to be written on a tamper resistant pad is now April 1, 2008, due to action taken by Congress.

Regarding the SCHIP reauthorization, Mr. Finnerty stated that based on current funding levels, Virginia should have sufficient funding and not experience a shortfall until March 2009. The main concern for Virginia is the level of funding that will be appropriated for the program in the future. Ms. Cynthia Jones, Chief Deputy Director, commented that this issue will likely continue to be debated into next year.

Following Mr. Finnerty's discussion, Dr. Voogt asked three questions for consideration and DMAS staff responded as follows:

(1) Has Virginia considered a brain injury waiver?

Yes, DMAS has proposed in previous years that a brain injury waiver be implemented. However, the necessary funding and approval to proceed were not granted.

(2) Has Virginia considered increasing the number of slots in the Developmental Disabilities (DD) Waiver?

Yes, there have been additional DD waiver slots added in recent years; 65 slots were added in FY 2007 and 100 additional slots were funded for FY 2008.

(3) Has Virginia investigated the antipsychotic drugs being administered to patients in nursing homes?

Because most nursing home patients are Medicare and Medicaid enrollees (dual eligibles), Medicare Part D pays for their prescription drugs. As such, Medicaid does not pay for antipsychotics for most nursing home patients. However, other state agencies such as the

Virginia Department of Health and the Department of Health Professions may be looking into this issue.

OLD BUSINESS

Regulatory Activity Summary

The Regulatory Activity Summary is included in the Members' books to review at their convenience.

New Business

None.

Adjournment

Dr. Kurup thanked everyone and adjourned the meeting at 12:00 noon.